

## A Study on Assess the Burden and Coping Strategies Among Care Givers of Persons with Schizophrenia

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### ABSTRACT

**Introduction:** Schizophrenia disorder is a severe mental disorder, having high indication of prevalence and disability. WHO report reveals that worldwide schizophrenia affects 24 million people. Usually, it starts in adolescence and early adult life and becomes a chronic disabled course. **Objectives:** This study explores the burden and coping strategies among caregivers of individuals diagnosed with schizophrenia. **Materials and methods:** this study had employed a descriptive research design, 60 caregivers were selected from inpatients at a tertiary care mental health care setting in North Karnataka using purposive sampling. Data collection included socio-demographic schedules, the General Health Questionnaire (GHQ-5), Burden Assessment Scale (BAS), and Coping Strategies Scale. **Findings:** findings revealed that 80% of caregivers experienced severe burden. While females exhibit a higher prevalence of psychiatric morbidity, no statistically significant gender differences are observed in burden and coping strategies. These findings underscore the urgent need for tailored interventions to address the unique needs of caregivers in this population. **Recommendations:** The study recommends conducting a larger-scale comparative studies and implementing targeted psychosocial interventions aimed at alleviating burden and enhancing coping mechanisms among caregivers of individuals with schizophrenia. Such interventions may include coping skills training, problem-solving techniques, stress management, and community-based treatment options to effectively support both caregivers and individuals with schizophrenia.

**Keywords:** Schizophrenia, Caregivers, Burden, Coping strategies

Schizophrenia disorder is a comparatively highly indicated prevalence and disability and low incidence. <sup>(1)</sup> WHO report revealed that worldwide schizophrenia affects 24 million people. Usually, it starts in adolescence and early adult life and becomes a chronic disabled course. <sup>(2)</sup> It occurs between the age of 15-and 25 years, men have a propensity to get schizophrenia a little early than women. <sup>(3)</sup>As per the global burden of disease study reports there were 1.13 million incident schizophrenia cases and 12.16 million disability-adjusted life years (DALYs) due to schizophrenia in 2017 worldwide. The prevalence of schizophrenia in India is 2.21 million. This study revealed that globally 19.78 million persons were suffering from schizophrenia in 2017. <sup>(4)</sup> Reviews show that patient

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## **A Study on Assess the Burden and Coping Strategies Among Care Givers of Persons with Schizophrenia**

with schizophrenia families burden scale score (29.96) was high compare to Depressive disorder families (14.81)<sup>(1)</sup>. Another study mentioned that more than 90% of them caregiver experienced the high burden to take care of the person with schizophrenia and also compare to male caregiver female caregiver faced more burden. Most of the caregiver used the disengagement coping strategies than the engagement coping strategies<sup>(5)</sup>. Study were conducted among parents and spouse of the person with schizophrenia it resulted that both the group faced moderately high burden and spouse were reported significantly higher emotional burden. There was much difference between the group of caregivers parents used more denial and spouse were used more distraction as coping strategies<sup>(6)</sup>. Another Study was conducted with comparing the caregiver burden of the person with schizophrenia and chronic lung diseases, it revealed that severe burden was faced by PWS in the most domain of the burden scale compare to chronic lung diseases<sup>(7)</sup>. A Study reported that caregivers of the schizophrenia patient faced high level of the burden but there was no significant correlation with coping strategies. <sup>(8)</sup> Moderate level of caregiver burden and most of the caregiver used the mature coping mechanism and also more than 60% of the caregivers employed good coping mechanisms<sup>(9)</sup>.

When it comes to caregiver who are first degree relatives of the patients with schizophrenia revealed that 60% of them experienced varying degree of burden. Even while increasing the caregiver burden, it decreases the patient's level of functioning significantly<sup>(10)</sup>. There were no major difference in the caregiver burden and coping between the Japan and Korea<sup>(11)</sup>. Another study was compared family burden and psychopathology of the caregivers of patient with Bipolar disorder and schizophrenia. it shows that both group of the caregiver experienced mild to moderate range of perceived burden <sup>(12)</sup>.

### ***Objectives***

Assess the psychiatric co-morbidity among the caregivers and Burden and coping strategies of the caregivers of person with schizophrenia. to assess the difference between male and female caregiver in relation to family care burden and coping skills.

## **METHODOLOGY**

Descriptive research design has been used to conduct the study. Purposive sample techniques has been used to select the 60 sample size from the In patient at DIMHANS. Researcher used socio demographic schedule, General health Questionnaire <sup>(13,14)</sup>, Burden assessment schedule <sup>(5,15)</sup> and Coping strategies scale <sup>(16,17)</sup>. Sample were selected from age between 18- 60 year of both male and female family caregivers. Duration of the illness must be 2year or more. Those who are staying with patient minimum of one year above with relations of parents, spouses, sibling and adult sons/Daughter were selected for the study. SPSS -20 was used for Statistical analysis.

## **RESULT**

The mean age of the person with schizophrenia is  $34.28 \pm 9.80$  years average annual income of the patient is Rs Rs 51450.00  $\pm 102076.47$  The average e duration of the illness is  $8.41 \pm 6.64$ , the average no hospitalizations  $3.28 \pm 6.27$ , the mean age of a caregiver is  $42.23 \pm 13.37$  year.

**A Study on Assess the Burden and Coping Strategies Among Care Givers of Persons with Schizophrenia**

**Table 4.1: Socio-demographic variables of the patients**

SI. No	Democratic variables (N=60)	Categories	Frequency	Percentage %
1	Gender	Male	26	43.3
		Female	34	56.7
2	Education	Illiterate	19	31.7
		Primary	16	26.7
		Secondary	10	16.7
		PUC	3	5.0
		Degree	6	10.0
3	Occupation	Manual work	44	73.3
		Agriculture	11	18.3
		Business	1	1.7
		Government	1	1.7
		Unemployed	3	5.0
4	Marital Status	Married	35	58.3
		Unmarried	21	35.0
		Divorced	1	1.7
		Widow	1	1.7
		Widower	2	3.3
5	Religion	Hindu	50	83.3
		Muslim	10	16.7
6	Residency	Rural	42	70.0
		Urban	18	30.0
7	Type of family	Joint Family	26	43.3
		Nuclear Family	34	56.7

Table 4.1 shows the Socio-demographic variables of the patients. The table indicates that most of the participants were females (56.7 %) and 31.7% were illiterate; 73.3 % of them depended on manual work and 58.3 % of them got married. Most of the participants belong to the Hindu religion (83.3) and most of them reside in a rural setting (70.0%) The majority of the patients were from the nuclear family (56.7 %).

**Table 4.2: Socio-demographic details of caregivers and history of mental illness in the family**

SI. No	Democratic variables (N=60)	Categories	Frequency	Percentage %
1	Gender	Male	35	58.3
		Female	25	41.7
2	Education	Illiterate	24	40.0
		Primary	15	25.0
		Secondary	7	11.7
		PUC	6	10.0
		Degree	4	6.7
		Post Graduation	4	6.7
3	Occupation	Manual work	23	38.3
		Agriculture	23	38.3
		Business	4	6.7
		Private	9	15.0
		Government	1	1.7
4	Marital Status	Married	39	65.0
		Unmarried	14	23.3

**A Study on Assess the Burden and Coping Strategies Among Care Givers of Persons with Schizophrenia**

		Widow	6	10.0
		Widower	1	1.7
5	Relationship of the caregiver	Parents	26	43.3
		Children	6	10.0
		Siblings	12	20.0
		Spouse	13	21.7
		Other relatives	3	5.0
6	Family history of mental illness	Yes	20	33.3
		No	40	66.7

Table 4.2 shows the Socio-demographic details of caregivers and the history of mental illness in the family. The table indicates that most of the caregivers belongs to male gender (58.3%) and the majority of the caregivers were illiterate (40.0 %) and they depend on manual work (38.3%) and agriculture (38.3%) for their daily living.65% of the caretakers were married and 83.3% of the participants belongs to Hindu religion and resides in a rural area (68.3). The majority of the caregivers are from nuclear families (53.3%) and most of the caregivers were parents of the patients (43.0 %).66.7 % of them have a family history of mental illness.

**Table 4.4: Frequency Table of General health questionnaire, Burden assessment scale and the Coping strategies scale and its subscales**

Variables	Category		N (60)	Percentage (%)
General Health questionnaire (GHQ-5)		Yes	49	81.7 %
		No	11	18.3%
Burden Assessment Scale (BAS)		Mild	00	0 %
		Moderate	12	20 %
		Sever	48	80 %
<b>Coping Strategies scale</b>				
I. Active /Approach coping	1.Behaviour Approach (BA)	Low	34	56.7 %
		Moderate	26	43.3 %
		High	00	%
	2.Cognitive Approach (CA)	Low	45	75 %
		Moderate	15	25 %
		High	00	0 %
	3.Cognitive behavioural approach (CBA)	Low	25	41.7 %
		Moderate	32	53.3 %
		High	3	5 %
II. Avoidance Coping Strategies	1. Behavioural Avoidant coping strategies (BA)	Low	51	85 %
		Moderate	9	15 %
		High	00	0 %
	2.Cognitive Avoidance (CA)	Low	40	66.7 %
		Moderate	20	33.3 %
		High	0	0%

This table shows that 81.7% of the population screened positive for psychiatric morbidity according to the scores of the general health questionnaire. 80 % of the population has severe burden according to burden assessment scale. According to the Active /Approach coping strategies scale 56.7% of the patient show low behavioural approach coping, 75% of the population show low cognitive approach coping and 53.3 % shows moderate cognitive

**A Study on Assess the Burden and Coping Strategies Among Care Givers of Persons with Schizophrenia**

behavioural approach coping. Avoidance coping Strategies of coping strategies scale shows that 85% of the population has low Behavioural avoidant coping and 66.7% has low cognitive avoidance coping.

**Table 4.5: Comparison of General health questionnaire, Burden assessment scale and the Coping strategies scale and its subscales among the caregivers**

S I N o	Variables	Measure s	N (%)		Chi-square/ Fisher exact value	P
			Male	Female		
1	General Health Questionnaire (GHQ-5)	Yes	25(71.43%)	24 (96%)	5.881	0.019
		No	10(28.57%)	1 (4%)		
2	Burden Assessment scale	Mild	0	0	1.714	0.327
		Moderate	9(25.71%)	3 (12%)		
		Sever	26 (74.28%)	22 (88%)		
3	Coping strategies scale					
	<b>I. Active /Approach coping</b>					
	Behaviour Approach (BA)	Low	19 (54.28%)	15 (60%)	0.194	0.793
		Moderate	16 (45.71%)	10 (40%)		
		High	0	0		
	Cognitive Approach (CA)	Low	25 (71.43%)	20 (80%)	0.571	0.552
		Moderate	10 (28.57%)	5 (20%)		
		High	00	00		
	3. Cognitive behavioural approach (CBA)	Low	14 (40%)	11 (44%)	0.156	0.925
		Moderate	19(54.28%)	13 (52%)		
		High	2 (5.71%)	1 (4%)		
	<b>II. Avoidance Coping Strategies</b>					
	Behavioural Avoidant coping strategies (BA)	Low	28 (80%)	23 (92%)	1.647	0.281
		Moderate	7 (20%)	2 (8%)		
		High	0	0		
	Cognitive Avoidance (CA)	Low	22 (62.86%)	18 (72%)	0.549	0.581
		Moderate	13 (37.14%)	7 (28%)		
		High	00	00		

Table 4.4 shows that the p-value is  $< 0.05$  for the general health questionnaire (GHQ), hence the difference between males and females for psychiatric morbidity is statistically significant.

This study shows that females (96%) have more psychiatric morbidity than males (71.43%). The burden assessment scale shows a severe burden for females (88%) and males (74.28%) and the P-value is  $> 0.05$  so it is no statistically significant difference between the burden of male and female caregivers of PWS.

## A Study on Assess the Burden and Coping Strategies Among Care Givers of Persons with Schizophrenia

The coping strategies scale shows that there is no statistically significant difference ( $P>0.05$ ) between male and female caregivers for active approach coping and avoidant approach coping.

### DISCUSSION

Sixty-five per cent of the subjects were married and many other Indian studies are supported the same that most the caregivers are married.<sup>(18)</sup> The majority of the respondents (83.3%) belonged to the Hindu religion. Many studies conducted in India on schizophrenia shows the majority of the caregivers of PWS belongs to Hindu family.<sup>(18,19)</sup> on the other hand, in our study the largest amount of participants was (70%) from rural areas and our study results were supported by other studies conducted in the area of schizophrenia.<sup>(9,20)</sup> This indicates that the largest ratio of the caregiver of schizophrenia belonged to the rural background and others were from an urban background. Study results found that 40% of the caregivers are not having a formal education. Because majority of the population were hails from rural background. Hence, they are not able to attain formal education. Similar results are found in some studies conducted by Wageeh Abdelet on<sup>(10)</sup> showing that 62% of them were illiterate. The average income of the caregivers is Rs.55583.33/- this data suggest that the majority of the caregivers come below the poverty line. DIMHANS is a tertiary care government hospital in the north Karnataka region. A tertiary center takes account of schizophrenia not only from Dharwad where the hospital is located but also from the surrounding areas of Karnataka like Maharashtra, Andra Pradesh, Goa and other states of India. The charges are very less and the hospital also provided patient care with free treatment for individuals below the poverty line under the Ayushman Bharat scheme. Therefore, a large number of families from lower socioeconomic status access the treatment facility.

As we see the employment wise majority of the caregivers depend on manual work (38.3) and agricultural work (38.3%). Where they are doing daily wage work like construction work and cultivating the lands. Most of the studies supported our study, one of the studies conducted shows that 48% of the caregivers were unskilled workers<sup>(20)</sup>. The result shows that 67.7% of the patients did not have family history of mental illness and 33.3% of the patients had a history of mental illness in the family. This result supported by several studies conducted on family history shows that 24.2 % had a family history of psychiatry disorder in that schizophrenia is 10.8 %. Schizophrenia is the most common psychiatric disorder in the first degree relatives of schizophrenia patients<sup>(21)</sup>.

Another comparative study conducted by Mounish, Aggarwal et al, reviled that nearly 88.3% of the caregivers were first degree relatives. The study reviled that 81.7% of the caregivers have screened positive for psychiatric morbidity and among them, females (96%) have more psychiatric morbidity than males. Previous studies support the same result<sup>(22)</sup>. One of the studies done by Wahida Anjum et al, on the result shows that 55% of the caregivers screened positive for psychiatric problems including anxiety, insomnia, somatic symptoms. Because care giving of person with schizophrenia is a very difficult task. This study is significantly correlated<sup>(23)</sup>.

In another study conducted by Victor Olufolahan Lasebikan et al, on in the psychiatric hospital ring road state hospital Oyo, 368 schizophrenia patients and their caregivers have assessed the General health, the result found that 51.1% care givers scored  $>3$ , it indicates caregivers have psychiatric morbidity. This finding suggested that caregivers are the high-risk group for mental disorders<sup>(24)</sup>.

## **A Study on Assess the Burden and Coping Strategies Among Care Givers of Persons with Schizophrenia**

The study revealed that 80 % of the population has severe burden and 20% of the patient has moderate burden. While seeing the comparison between males and females results show that females (88%) are facing more severe burdens than males. Similar results were found in other studies conducted in India and western. A cross-sectional study was conducted by Koujalagi SR, Patil SR& Patil SR, 100 patients and their caregivers in each disorder were selected to assess the level of burden. The study results show that caregivers of schizophrenia experienced a higher level of burden than depressive disorder and it was statistically significant<sup>(1)</sup>.

In another study conducted by Anthony Safasi et al, on sample of 90 patients with schizophrenia and 90 caregivers of patients with schizophrenia were included to assess the burden. Results show that caregivers' burden is high and it was statistically significant<sup>(25)</sup>. In a study conducted by Aditya Gupta et al, on with sample was 100 patients with a diagnosis of schizophrenia and their caregivers. Non-probability purposive sampling was used in this study. The study result shows that 80% of the caregivers experienced a moderate level of burden. There was no statistically significant difference was found in the level of burden between male and female caregivers<sup>(26)</sup>.

A cross-sectional study conducted by Naonori Yasuma, et al, on during the covid-19 pandemic, was a survey-based study, 132 participants recruited through the LINE online software. COVID has created various psychosocial issues in society as well as among the families of people with mental disorders including schizophrenia. During the pandemic, governments imposed social restrictions including lockdown, where the caregivers of persons with schizophrenia had the struggle to get treatment on time, as there were no transport facilities. The economic deprivation was another reason that resulted in improper medicine storage as their occupation got hampered. Many studies were conducted in India and western during Covid -19. The study results show that caregivers of persons with schizophrenia experienced high burden and faced difficulty in a cover-19 pandemic<sup>(27)</sup>.

The coping strategies scale of the subscale of Active /Approach coping strategies results shows that 56.7% of the patients show low behavioural approach coping, 75% of the population show low cognitive approach coping and 53.3 % showed moderate cognitive behavioural approach coping. Avoidance coping Strategies of coping strategies scale shows that 85% of the population has low Behavioural avoidant coping and 66.7% has low cognitive avoidance coping. It shows there is no statistically significant difference between males and females.

In across-sectional study conducted by Hana Nafi ah BNS, and Kritaya Sawangchareonv, on between February 2015 to April 2015, 98 caregivers of schizophrenia were participated; in a systematic random sampling was used for this study. The study revealed that caregivers with high burden shows less problem-focused approach to coping strategies and more of them used emotional coping strategies than problem-focused coping strategies and it was negatively correlated<sup>(28)</sup>

A cross-sectional comparative analysis from India by Selwyn Stanly et al, A quantitative methodology was used the sample size was 75 primary caregivers of people with schizophrenia and a reference group of caregivers of patients with general medical ailments. Results indicate higher levels of burden, low social support, and poor coping in the caregivers of people with schizophrenia than in the reference group<sup>(29)</sup>.

## **A Study on Assess the Burden and Coping Strategies Among Care Givers of Persons with Schizophrenia**

In a study conducted by Rengarajulu Muralitharan, & Andisamy Niranjana Devi, and used a convenient sampling method, 30 caregivers of patients with schizophrenia were selected for the study. The study revealed that the mean total score for coping was  $15.77 \pm 4.43$ , with higher mean score for problem-solving coping  $4.37 \pm 1.06$  and a lower score for the social support subtype of coping at  $1.47 \pm 0.937$ . Males had a mean score of  $16.33 \pm 4.63$  and female's with score of  $15.20 \pm 4.31$ . This study found that there is no statistically significant difference in male and female caregivers of PWS<sup>(30)</sup>.

A cross-sectional study conducted by Mishra SK et al, on done the descriptive study. Conducted in the psychiatric ward of BPKIHS. The study shows that most caregivers use social support for instrument reasons with 47.2% of caregivers reporting these coping strategies. This shows that there is no statistically significant because caregivers use both strategies problem-oriented and emotional oriented equally<sup>(19)</sup>.

### ***Limitation and Recommendation:***

The sample size is small, so the study limited the generalizability of the result to the population and the study was limited to a descriptive approach. The comparative study with other diagnosis or physical illness will help differentiate the severity and of the caregiver burden among PWS. The study is limited to patients who are taking IP care treatment in DIMHANS, Dharwad. A study can be done to understand why there is a severe burden on the caregivers of a person with schizophrenia (PWS). A study can be done to understand why there is a low level of coping strategies among caregivers of a person with schizophrenia (PWS).

## **CONCLUSION**

This study results shows that there is a severe burden and low coping strategies in the caregivers of a person with schizophrenia. This lead to psychosocial issues in the patients and care givers. Therefore, appropriate psycho-social interventions like; coping skills, Problem-solving techniques, Stress management, and community-based treatment should be given to caregivers and their patients with schizophrenia disorder.

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**A Study on Assess the Burden and Coping Strategies Among Care Givers of Persons with Schizophrenia**

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## **A Study on Assess the Burden and Coping Strategies Among Care Givers of Persons with Schizophrenia**

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